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FUNERAL DIRECTOR L. L. Hams	BUMAL, CREMATION, REMOVAL (Specify)	Death occurred at 22a. IGNATURE	21. I attended the dec	20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT V	20c. TIME OF Hour s.m. p.m.	PERFORMED? YES NO	19. WAS AUTOPSY	anemia	above of stating to stating to stating to stating to stating to stating to state the state of th	which ga		18. CAUSE OF DEATH PART I.	s, ga, or unknown) (If	omas Chilo	FATHER'S NAME	during most of working tired Emp.	Male USUAL OCCUPATION	SEX	NAME OF DECEASED (Type or print)	<u> </u>	c. FULL NAME OF (If HOSPITAL OR INSTITUTION C	D. CITY (If outside con OR TOWN	. COUNTY Cape	PLACE OF DEATH	istration District No	ON OF HEA
,	23b. DATE 3/06	\mathcal{A}_{\cdot}		n ' I	Month, Da	, 0	20a. ACCIDEN	LECO OF	he under- luce last.	ns, if any,	[MMEDIA]		yes, give war			g life, even if		6. COLOR (1110 B	Gira NOT in hospit		. Gira	9 MAR 1	53	LTH -
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STATEMENT BY LICENSED EMBALMER

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working un Student	der my personal super	vision.	Signe	. 4	rived & Haman	
<u> </u>	Signature of Stude	nt Embalmer	. organic		· · · · · · · · · · · · · · · · · · ·	
			; ;	* \$ * * \$ * * * * * * * * * * * * * * *	Licensed Embalmer No. 412	2
			٠		P.O. Address Cape Gir	ardeau Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed; fact should be so stated above.